

2100

~~2700~~ INTERNAL TRANSFER REQUEST FOR S.N.

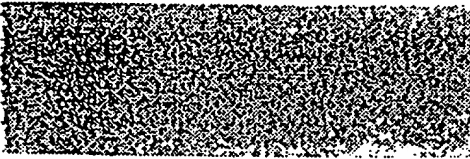
09/764 020

DATE: <u>4/9/01</u>	FROM: <u>N. Wright</u> (print name)
FORWARD TO: A. Art Unit: <u>2166</u> B. Class: <u>705</u> C Subclass: <u>2</u>	REASON(S): A. You had Parent <input type="checkbox"/> (check box) B. See Title <input type="checkbox"/> (check box) C. See Abstract <input type="checkbox"/> (check box) D. See Claim(s): _____

FURTHER EXPLANATION IF NEEDED:

DATE: <u>5/8/2001</u>	FROM: <u>Nicholas Rosen</u> (print name)
FORWARD TO: A. Art Unit: <u>2131</u> B. Class: <u>380</u> C Subclass: <u>277 (?)</u>	REASON(S): A. You had Parent <input type="checkbox"/> (check box) B. See Title <input type="checkbox"/> (check box) C. See Abstract <input type="checkbox"/> (check box) D. See Claim(s): _____

FURTHER EXPLANATION IF NEEDED: *Despite the title, the claims are not limited to medical records, but to cryptography, class 380*

DATE: _____	FROM: _____ (print name)
FORWARD TO CLASSIFIER 	REASON(S): A. You had Parent <input type="checkbox"/> (check box) B. See Title <input type="checkbox"/> (check box) C. See Abstract <input type="checkbox"/> (check box) D. See Claim(s): _____

FURTHER EXPLANATION IF NEEDED:

DISPOSITION BY 2700 CLASSIFICATION

DATE: _____	CLASSIFIER: _____
FORWARD TO: A. Art Unit: _____ B. Class: _____ C Subclass: _____	REASON(S): A. You had Parent <input type="checkbox"/> (check box) B. See Title <input type="checkbox"/> (check box) C. See Abstract <input type="checkbox"/> (check box) D. See Claim(s): _____

FURTHER EXPLANATION IF NEEDED: